

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007419

**Entity Name:** CENTER FOR FAMILY EMPOWERMENT, INC.

**Current Principal Place of Business:**

1733 NE 162 ST  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1733 NE 162 ST  
NORTH MIAMI BEACH, FL 33162

**FEI Number: 90-0512018**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JEAN-MARY, FRANK  
1511 NE 161 STREET  
NORTH MIAMI BEACH, FL 33162 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title SD  
Name LOUIS-PIERRE, KATTIANA  
Address 800 NORTH MIAMI AVENUE  
City-State-Zip: MIAMI FL 33136

Title VDT  
Name MATHIEU, LINDA  
Address 9205 RAMBLEWOOD DRIVE SUITE  
834  
City-State-Zip: CORAL SPRINGS FL 33071

Title PD  
Name JEAN-MARY, FRANK  
Address 1511 NE 161 STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: FRANK JEAN-MARY**

**PD**

**05/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date